PTO/S8/06 (08-0

Approved for use typing 1731/2006, CREE 0551-003.

U.S. Patient and Trademark Officer U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1986, no porsone are required to respond to a collection of information unless it displays a yellid CNAS control number.									
PATENT APPLICATION FEE DETERMINATION RECORD 8ubstitute for Form PTO-875							~77/7617609		
CLAIMS AS FILED - PART I (Column 1) (Column 2)					ENTTY	OR	OTHEI SMALL	THAN ENTITY	
FOR NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE	
BASIC FEE (37 CFR 1.18(a))					3	OR		ارخا	
TOTAL CLAIMS (37 CFR 1.16(d))	rainus 20	<u> </u>				OR	× 4		
(37 CFR 1.150))	CFR 1.15DH) minus 3 • •		x2		OR	X 8			
MULTIPLE DEPENDENT CLAIM PRESENT (97 CFR 1.10(4))				+2		OR	+= =		
* If the difference in column 1 is less than zero, enter *O* in column 2.				TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II									
10-27-05 (Column 1) . (Column 2) (Column 3)				SMALL	NTTY	OR		THAN ENTITY	
I < I OCC \ I R	CLAIMS EMAINING AFTER ENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total carefix 1.3600	と Minus			X 8		OR	X 2		
Total (profix 1.180) (crown 1.	a2 Minus	で		x 8=	•	OR	×e		
Pasi Presentation of actives by Energy Color (are an indep				+8		OR	+8		
own extend myst of				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	790	
(Column 1) (Column 2) (Column 3)									
D LO LIG R	CLAIMS EMAINING AFTER IENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE	
Total of our straight of case straight o	22 Minus	- 80	· 3	×4		OR	x		
Cot count 1/1000	3 Minus	3	. 0	× 8		C R	×4		
FRIST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (\$7 OFR 1.18)(1)				+=		QR	<u></u>	•	
W-11019		Fees '	Paid	ADOL FEE		OR.	ADDL FEE		
(Column 1) (Column 2)									
O R	EMAINING AFTER ISNOWENT	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOL TIONAL FEE		RATE	ADCI- TIONAL FEE	
Total Car core Using	Minus Minus	7/02	• /	x 9		OR	×e		
Contracted (Minus		/_	×8_=		OR	× 8 4		
PRIET PRESENTATION OF MALTIPLE DEPONDENT(GLANE (27 CFR 1.46(d))				<u> </u>	<u> </u>	QR	<u> </u>		
				ADOL FEE		OR	ADDL FEE	·	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".									
"If the "Righest Number Previously Paid For" In THIS SPACE is less than 3, enter "5". The "Righest Number Previously Paid For" (Total or Independent) is the Righest number found in the appropriate box in column 1. This collection of Information is required by 37 CFR 1,16. The information is required to obtain or retain a benefit by the public which is to the card by the									
1036 collection of information in required by 37 CFR 1.10. This information in required to collection in restant by any product which is to the (and by see USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete,									

This collection of information is required by 37 GPR 1.16. This intermedion is required to obtain or retain a beneat by the petition which is to the quad by the USPTO to process) as application. Confidentiality is governed by 35 U.S.C., 122 and 37 GPR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form another suggestions for reducing this busides, whould be sent to the Orient Information Officer, U.S. Patient and Trademark Office, U.S. Department of Comments, P.O. Box 1453, Alexandria, V.A. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, GEND TO: Commissioner for Petants, P.O. Box 1458, Alexandria, V.A. 22313-1450.